45

# WAKEFERN / SHOPRITE PRICE PLUS CLUB PARTICIPATION FORM

PRICE
-------

BUYER'S NAME:	METHOD OF PAYMENT: (CHECK ONE)*
DEPARTMENT NAME & NUMBER:	( )INVOICE DEDUCTION (X) CHECK
	BILL TO: R. J. Reynolds Tob. Co.
VENDOR NAME: R. J. Reynolds Tob.	NAME: G. N. Kuruc, Jr.
A/P VENDOR NUMBER:075088	ADDRESS: 400 Raritan Ctr. Pkwy.
REPRESENTATIVE NAME:	Edison, NJ 08837

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000151	12300-71113	Winston Select Light King	\$2.00	19/8-11/4		
8000119	12300-71213	Winston Select Light Box King	/			
8000200	12300-71013	Winston Select Full Flavor Box	7			
8000038	12300-20166	Winston Select Slim Light 100's				
8000046	12300-20277	Winston Select Light 100';s				
8000012	12300-70913	Winston Select Full Flavor King				
8000428	12300-11013	Winston King				
8000452	12300-11213	Winston Box				
8000460	12300-11113	Winston Light King				
8000486	12300-11313	Winston Light 100's				
8000517	12300-11413	Winston 100's	7	1		

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge. Form #43-678 (3) 6/91

Date: <u>C/12411</u>	Sales Rep Signature:	f n	Kung	* Payment to be received 15 days from invoice dat
----------------------	----------------------	-----	------	--

PRICE
-------

BUYER'S NAME:	METHOD OF PAYMENT: (CHECK ONE)*
DEPARTMENT NAME & NUMBER:	( ) INVOICE DEDUCTION (X ) CHECK
	BILL TO: R. J. Reynolds Tob. Co.
VENDOR NAME: R. J. Reynolds Toh.	NAME: G. N. Kuruc, Jr.
A/P VENDOR NUMBER:075088	ADDRESS: 400 Raritan Ctr. Pkwy.
REPRESENTATIVE NAME: G. N. Kuruc, Jr.	Edison, NJ 08837 PHONE: (908) 225-4774

CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000525	12300-11913	Winston Light Box 100's	\$2.00	10/8-11/4		
8000533	12300-11713	Winston Ultra King	J	//		
8000737	12300-15913	Winston Light Box 100's				<del></del>
8001474	12300-70313	Winston Ultra Box King				
8001686	12300-70413	Winston Ultra Box 100's				
8000169	12300-22186	Winston Select Full Flavor Box 100's		\		
			· ·		<u> </u>	

I agree	to reimburse Wakefern Food	Corporation/ShopRite the dollar value	of all PRICE PLUS CLUB
Shopper	Discounts plus an addition	al \$.08 per item promotional charge.	Form #43-678 (3) 6/91

Date: 4/2/15 Sales Rep Signature: M. Konf

\* Payment to be received 15 days from invoice date



BUYER'S NAME:	METHOD OF PAYMENT: (CHECK ONE) ( )INVOICE DEDUCTION (X) CHEC			
DEPARTMENT NAME & NUMBER:	( )INVOICE DEDUCTION () CHECK			
	BILL TO: R. J. Reynolds Tob. Co.			
VENDOR NAME: R. J. Reynolds Tob. Co.	NAME: G. N. Kuruc, Jr.			
A/P VENDOR NUMBER: 075088	ADDRESS: 400 Raritan Ctr. Pkwy.			
REPRESENTATIVE NAME:	Edison, NJ 08837			
G. N. Kuruc, Jr.	PHONE: (908) 225-4774			

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE				(CLE \TES	4WK SALE RETAIL	GROSS PROFIT	
8010106	12300-25513	Doral Ultra King	×2	.00	12/3	-111			
8010156	12300-15113	Doral Light King		/	1 7	/			
8010198	12300-16613	Doral Full Flavor King							
8010211	12300-16813	Doral Light Menthol 100's							
8010229	12300-15213	Doral Light 100's							
8010237	12300-16713	Doral Ultra 100's							
8010245	12300-15313	Doral Full Flavor 100's							
8011754	12300-15713	Doral Light Menthol King				7			
8010384	12300-84013	Doral Full Flavor Box	17						
8010392	12300-84113	Doral Light Box	1		1 /				

I agree to reimburse Wakefern Food Corporation/ShopRite the dollar value of all PRICE PLUS CLUB Shopper Discounts plus an additional \$.08 per item promotional charge. Form #43-678 (3) 6/91

Date: 4/23/65

Sales Rep Signature:

fn K

\* Payment to be received 15 days from invoice date

مشالستان		2 R		G
67	<b>②</b>			-
		100	çi.	UB-

(A)		7.2.7
BUYER'S	NAME:	

DEPARTMENT NAME & NUMBER:

VENDOR NAME: R. J. Reynolds

A/P VENDOR NUMBER: \_\_075088\_

REPRESENTATIVE NAME: G. N. Kuruc

METHOD OF PAYMENT: (CHECK ONE)\*
( ) INVOICE DEDUCTION ( 3) CHECK

BILL TO: R. J. Reynolds Tob.

NAME: G. N. Kuruc, Jr.

ADDRESS: 400 Raritan Center

Edison, N.J. 08837

PHONE: 908-225-4774

ITEM CODE	UPC			CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8030017	12300-97513	Worth Full Flavor King	\$ 2.00	3/2 1/1		
8030106	12300-97713	Worth Light King				
8030198	12300-97913	Worth Light Menthol Kink		20 J		
8031097	12300-97813	Worth Light 100's				
8031186	12300-97613	Worth Full Flavor 100's	\.			
8031275	12300-92813	Worth Ultra 100's				
8031364	12300-98013	Worth Light Menthol 100's		1.0		
<del></del>			/	1 m / .		
<b></b>						
•		•11				

Lagree	to reimbul	rse Wake	tern Food (	Corporation	n/ShopRi	te the d	ollar vaj	lue of	all PRIC	E PLUS	CLUB	
Shopper	Discounts	plus an	additional	1 \$.08 per	item pr	omotiona	l charge.			· Form	#43-678	(3) 6/9
oate: _	·		Sales Rep	Signature	: <u> </u>	111. K	w/		* Payme		be rece m invoi	
							7	<del></del>		*		

PRICE
-------

BUYER'S NAME: V. Vanvourellis	METHOD OF PAYMENT: (CHECK ONE)* ( )INVOICE DEDUCTION (x ) CHECK					
DEPARTMENT NAME & NUMBER:	BILL TO:	R J. Reynolds Tob. Co.				
VENDOR NAME: R. J. Reynolds Tobacco Co.	NAME:G	. N. Kurue, Jr.				
A/P VENDOR NUMBER: 075088	ADDRESS: 4	400 Raritan Center				
REPRESENTATIVE NAME: G. N. Kuruc. Jr.	DUONE:	dison. N. J. 08837				

ITEM CODE	UPC	PRODUCT DESCRIPTION/SIZE	DISCOUNT OFFERED	CYCLE DATES	4WK SALE RETAIL	GROSS PROFIT
8000703	12300-12012	Salem King	\$ 2.00			
8000648	12300-12212	Salem 100's				
8000664	12300-12412	Salem Light King				
8000 <b>L</b> SL	12300-12512	Salem Light 100's				
8000795	12300-17206	Salem Custom Case				
8000630	12300-12612	Salem Slim Light 100's				
8000606	12300-12806	Salem Ultra King				
8000680	12300-12912	Salem Ultra 100's				
			•			

Kiiris alaasia

I agree to reimburse Wake: Shopper Discounts plus an	fern Food Corporation/ShopRite the dollar value o additional \$.08 per item promotional charge.	f al.	1 PRICE PLUS CLUB Form #43-678 (3) 6/91
Date:	Sales Rep Signature:	*	Payment to be received 15 days from invoice date